

471-000-63 Nebraska Medicaid Billing Instructions for Podiatry Services

The instructions in this appendix apply when billing Nebraska Medicaid, also known as the Nebraska Medical Assistance Program (NMAP), for Medicaid-covered services provided to clients who are eligible for fee-for-service Medicaid or enrolled in the Nebraska Health Connection Medicaid managed care plan Primary Care +. Medicaid regulations for podiatry services are covered in 471 NAC 19-000.

Claims for services provided to clients enrolled in a Nebraska Medicaid managed care health maintenance organization plan (e.g., Share Advantage) must be submitted to the managed care plan according to the instructions provided by the plan.

Third Party Resources: Claims for services provided to clients with third party resources (e.g., Medicare, private health/casualty insurance) must be billed to the third party payer according to the payer's instructions. After the payment determination by the third party payer is made, the provider may submit the claim to Nebraska Medicaid. A copy of the explanation of benefits, remittance advice, denial, or other documentation from the third party resource must be submitted with the claim. For instructions on billing Medicare crossover claims, see 471-000-70.

Verifying Eligibility: Medicaid eligibility, managed care participation, and third party resources may be verified from –

1. The client's monthly Nebraska Medicaid Card or Nebraska Health Connection ID Document. For explanation and examples, see 471-000-123;
2. The Nebraska Medicaid Eligibility System (NMES) voice response system. For instructions, see 471-000-124; or
3. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.

CLAIM FORMATS

Electronic Claims: Podiatry services are billed to Nebraska Medicaid using the standard electronic Health Care Claim: Professional transaction (ASC X12N 837). For electronic transaction submission instructions, see 471-000-50.

Paper Claims: Podiatry services are billed to Nebraska Medicaid on Form CMS-1500, "Health Insurance Claim Form." Instructions for completing Form CMS-1500 are in this appendix. The CMS-1500 claim form may be purchased from the U. S. Government Printing Office, Superintendent of Documents, Washington, D.C. 20402 or from private vendors.

Share of Cost Claims: Certain Medicaid clients are required to pay or obligate a portion of their medical costs due to excess income. These clients receive Form EA-160, "Record of Health Cost – Share of Cost – Medicaid Program" from the local HHS office to record services paid or obligated to providers. For an example and instructions on completing this form, see 471-000-79.

MEDICAID CLAIM STATUS

The status of Nebraska Medicaid claims can be obtained by using the standard electronic Health Care Claim Status Request and Response transaction (ASC X12N 276/277). For electronic transaction submission instructions, see 471-000-50.

Providers may also contact Medicaid Inquiry at 1-877-255-3092 or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Monday through Friday.

CMS-1500 FORM COMPLETION AND SUBMISSION

Mailing Address: When submitting claims on Form CMS-1500, retain a duplicate copy and mail the ORIGINAL form to –

Medicaid Claims Processing
Health and Human Services Finance and Support
P. O. Box 95026
Lincoln, NE 68509-5026

Claim Adjustments and Refunds: See 471-000-99 for instructions on requesting adjustments and refund procedures for claims previously processed by Nebraska Medicaid.

Claim Example: See 471-000-58 for an example of Form CMS-1500.

Claim Form Completion Instructions: The numbers listed below correspond to the numbers of the fields on the form. Completion of fields identified with an asterisk (*) is mandatory for claim acceptance. Information in fields without an asterisk is required for some aspect of claims processing/resolution. Fields that are not listed are not needed for Nebraska Medicaid claims.

- *1a. **INSURED'S I.D. NUMBER:** Enter the Medicaid client's complete eleven-digit identification number (Example: 123456789-01). When billing for services provided to the ineligible mother of an eligible unborn child, enter the Medicaid number of the unborn child (see 471 NAC 1-002.02K.)
- *2. **PATIENT'S NAME:** Enter the full name (last name, first name, middle initial) of the person that received services.
- 3. **PATIENT'S BIRTHDATE AND SEX:** Enter the month, day, and year of birth of the person that received the services. Check the appropriate box (M or F).
- 4. **INSURED'S NAME:** Complete only when billing for services provided to the ineligible mother of an eligible unborn child. Enter the Medicaid client's name as it appears on the Nebraska Medicaid Card or Nebraska Health Connection ID Document. This is the name of the person (the unborn child) whose number appears in Field 1a.

9. – 14. Fields 9-11 and 14 address third party resources other than Medicare and Medicaid. If there is no known coverage, leave blank. If the client has insurance coverage other than Medicaid or Medicare, complete fields 9-11 and 14. A copy of the remittance advice, explanation of benefits, denial, or other documentation is required and must be attached to the claim. Nebraska Medicaid must review all claims for possible third party reimbursement. All third party resources must be exhausted before Medicaid payment may be issued.
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: For consultations, enter the name of the referring/prescribing physician/practitioner.
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: Complete only when billing for services provided to a client during an hospital inpatient stay. Enter the date of hospital admission and, if known, the date of hospital discharge. Note: For clients whose participation in Medicaid managed care begins, ends or whose Medicaid managed care plan changes during a hospital inpatient stay, claims for services provided DURING the hospital inpatient stay must be submitted to the plan in which the client was enrolled at the time of the hospital admission.
20. OUTSIDE LAB: Check yes or no. If yes is checked, enter the name of the outside laboratory in Field 32.
- CHARGES: Leave blank.
- *21. DIAGNOSIS OR NATURE OF ILLNESS OF INJURY: The services reported on this claim form must be related to the diagnosis entered in this field. Enter the appropriate International Classification of Disease, 9th Edition, Clinical Modification (ICD-9-CM) diagnosis codes.
- The COMPLETE diagnosis code is required. (A complete code may include the third, fourth, and fifth digits, as defined in ICD-9-CM.) Up to four diagnoses may be entered. If there is more than one diagnosis, list the primary diagnosis first.
22. MEDICAID RESUBMISSION: Leave blank. For regulations regarding resubmittals or payment adjustment requests, see 471 NAC 3-000 and 471-000-99.
- *24. Only six line items can be entered in Field 24. Do not print more than one line of information on each claim line. DO NOT LIST services for which there is no charge.
- *24A. DATE(S) OF SERVICE: Enter 8-digit numeric date of service rendered. Each procedure code/service billed requires a date. Each service must be listed on a separate line. The "From" date of service must be completed. The "To" date of service may be left blank.
- *24B. PLACE OF SERVICE: Enter the national two-digit place of service code that describes the location the service was rendered. National place of service codes are defined by the Centers for Medicare and Medicaid Services (CMS) and published on the CMS web site at <http://www.cms.hhs.gov>. The most commonly used place of service codes are-

- 03 School
- 04 Homeless Shelter
- 05 Indian Health Service Free-Standing Facility
- 06 Indian Health Service Provider-Based Facility
- 07 Tribal 638 Free-Standing Facility
- 08 Tribal 638 Provider-Based Facility
- 11 Office
- 12 Home
- 13 Assisted Living Facility
- 14 Group Home
- 15 Mobile Unit
- 20 Urgent Care Facility
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room – Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance – Air or Water
- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility-Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 57 Non-residential Substance Abuse Treatment Facility
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Place of Service

- *24D. PROCEDURES, SERVICES, OR SUPPLIES: Enter the appropriate CPT or HCPCS procedure code and, if required, procedure code modifier. Up to four modifiers may be entered for each procedure code. HCPCS procedure codes used by Nebraska Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule (see 471-000-519). When using miscellaneous and not otherwise classified (NOC) procedure codes, a complete description of the service is required on or as an 8 ½ x 11 attachment to the claim.

Assisting at Surgery: Enter the appropriate procedure code with modifier "80."

Bilateral Surgical Procedures: Enter the appropriate CPT procedure code with modifier "50" on a single line of service. Enter ONE CHARGE in field 24F (\$ charges). Enter "1" in field 24G (days or units).

Multiple Surgical Procedures: Enter the appropriate CPT procedure code for each service. Use of modifier "51" with the secondary, additional or lesser procedure(s) is not required. Modifiers may be used to identify the foot and digit on which each procedure was performed.

Injections: Code claims for injections as follows:

- For intramuscular or subcutaneous injections, use the HCPCS "J" code for the drug and, on a separate line, use CPT procedure code 90782 for administration.
- For intravenous injections, use the HCPCS "J" code for the drug and, on a separate line, the appropriate CPT code for IV administration. If more than one intravenous injection is administered to the same site, use only one administration fee and, on separate lines, list the HCPCS "J" code for each drug. If multiple drugs cannot be administered to the same site, additional administration fees may be billed.

Laboratory Services: Do not bill for a lab test performed outside the podiatrist's office. Use procedure code 36415 for venipuncture collection.

Radiology Services: For radiology services performed in a podiatrist's office, use the appropriate CPT code for the service.

- Use the unmodified code when the podiatrist performs both the professional and technical components.
- Use modifier "TC" when the technical component is performed at the podiatrist's office and the professional component (i.e., interpretation and report) is provided by an outside source. The professional component must be billed by the provider of the service.
- When the podiatrist performs only the professional component (i.e., interpretation and report), use modifier "26" if the CPT procedure code description includes both the technical and professional component. Do not use modifier "26" if the CPT procedure code description specifies only the professional component.

Telehealth Services: Medicaid regulations regarding telehealth services are in 471 NAC 1-006. To bill for a telehealth service, use the CPT/HCPCS procedure code for the service (e.g. office visit, consultation) with procedure code modifier GT. To bill for telehealth transmission costs, use procedure code T1014 and enter the number of minutes of transmission in Field 24G.

24E. DIAGNOSIS CODE: Enter the ICD-9-CM diagnosis code or list the reference number of the diagnosis indicated in Field 21.

*24F. \$ CHARGES: Enter your customary charge for each procedure code. Each procedure code must have a separate charge.

- *24G. DAYS OR UNITS: Enter the number of times the service was provided on the date of service. If the procedure code description includes specific time or quantity increments, each increment should be billed as one unit of service.
- 24J. COB: See 24K.
- 24K. RESERVED FOR LOCAL USE: For clinical laboratory services provided by the podiatrist, enter the ten-digit CLIA number. Enter the first digit in Field 24J and the remaining nine digits in Field 24K.
- *25. FEDERAL TAX I.D. NUMBER: Complete only if enrolled with Nebraska Medicaid as a group provider. Enter the Social Security number of the practitioner providing the service.
26. PATIENT'S ACCOUNT NO.: Optional. Any patient account information (numeric or alpha) may be entered in this field to enhance patient identification. This information will appear on the Medicaid Remittance Advice.
- *28. TOTAL CHARGE: Enter the total of all charges in Field 24F. If more than one claim form is used to bill for services provided, EACH claim form must be submitted with the line items totaled. DO NOT carry charge forward to another claim form.
- *29. AMOUNT PAID: Enter any payments made, due, or obligated from other sources for services listed on this claim unless the source is from Medicare. Other sources may include health insurance, liability insurance, excess income, etc. A copy of the Medicare insurance remittance advice, explanation of benefits, denials or other documentation must be attached to each claim when submitting multiple claim forms. DO NOT enter previous Medicaid payments, Medicaid copayment amounts, Medicare payments, or the difference between the provider's billed charge and the Medicaid allowable (provider "write-off" amount) in this field.
- *30. BALANCE DUE: Enter the balance due. (This amount is determined by subtracting the amount paid in Field 29 from the total charge in Field 28.)
- *31. SIGNATURE OF PHYSICIAN OR SUPPLIER: The provider or authorized representative must SIGN and DATE the claim form. A signature stamp, computer-generated or typewritten signature will be accepted. The signature date must be on or after the dates of service listed on the form.
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office): For mileage, enter the point of origin and final destination. For laboratory services provided by an outside laboratory, enter the name of the laboratory.
- *33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #: Enter the provider's name, address, zip code, and phone number.

PIN NUMBER: Leave blank.

GRP NUMBER: Enter the eleven-digit Nebraska Medicaid provider number as assigned by Nebraska Medicaid (example: 123456789-12). All payments are made to the name and address listed on the Medicaid provider agreement for this provider number.